Approved, SCAO OSM CODE: WAC

## **STATE OF MICHIGAN** PROBATE COURT

COUNTY	WAIVER	CONSENT	
CIRCUIT COURT - FAMILY DIVISION			
In the matter of			
1. I am interested in the matter as			
$\hfill \square$ 2. I waive notice of the hearing and consent to the	applicati	on/petition for Nature of applic	cation/petition and name of applicant/petitioner
-			
	an	d I declare that I have recei	ved a conv of this application/petition
	, and	a racciare that rhave recei	ved a copy of this application/petition.
3. I waive notice of hearing on Nature of hearing			·
		Date	_
		Signature	
Attorney name (type or print)	Bar no.	Name (type or print)	
Address		Address	
City, state, zip Teleph	none no.	City, state, zip	Telephone no.

Do not write below this line - For court use only

NOTE: Do not use for waivers under MCL 700.3310.